

Cross Reference List for Alabama First Report of Injury Form and IAIABC Releases 1 06/01/2006
M – Mandatory EC – Expected/Conditional IA – If Applicable/Available NA – Not Applicable

AL FIRST REPORT OF INJURY (FROI)			IAIABC REL 1 (148-RCD)		
FLD	FIELD DESCRIPTIONS	LGTH	148-DN	148-LEN	148-POS
01 NA	Insured Report Number	25 A/N	DN0026	10 A/N	392-40
02 NA	Filing Office Claims Number	25 A/N	DN0015	25 A/N	205-229
03 NA	OSHA Log Case Number	25 A/N	n/a	n/a	n/a
04 M	Employer Business Name	40 A/N	DN0018	30 A/N	269-298
05 M	Employer Physical Address 1	40 A/N	DN0019	30 A/N	299-328
06 IA	Employer Physical Address 2	40 A/N	DN0020	30 A/N	329-358
07 M	Employer Physical City	15 A/N	DN0021	15 A/N	359-373
08 M	Employer Physical State	2 A/N	DN0022	2 A/N	374-375
09 M	Employer Physical Zip	9 A/N	DN0023	9 A/N	376-384
10 NA	Employer Mailing Address 1	40 A/N			
11 NA	Employer Mailing Address 2	40 A/N			
12 NA	Employer Mailing City	15 A/N			
13 NA	Employer Mailing State	2 A/N			
14 NA	Employer Mailing Zip	9 A/N			
15 M	Employer Federal ID Number	9 A/N	DN0016	9 A/N	230-238
16 NA	Employer U.C Account Number	15 A/N			
17 M	Employer NAICS	6 A/N	DN0025	6 A/N	386-391
18 M	Insurer Name	40 A/N	DN0007	30 A/N	050-079
19 M	Insurer Federal ID Number	9 A/N	DN0006	9 A/N	041-049
20 IA	Insurer Type Code	1 A/N			
21 M	Filing Office Name	40 A/N	DN0009	30 A/N	089-118
22 M	Filing Office Mailing Address 1	40 A/N	DN0010	30 A/N	119-148
23 IA	Mailing Address 2 or Phone Nbr	40 A/N	DN0011	30 A/N	149-178
24 M	Filing Office Mailing City	15 A/N	DN0012	15 A/N	179-193
25 M	Filing Office Mailing State	2 A/N	DN0013	2 A/N	194-195
26 M	Filing Office Mailing Zip	9 A/N	DN0014	9 A/N	196-204
27 M	Filing Office Federal ID Nbr	9 A/N	DN0008	9 A/N	080-088
28 M	Employee First Name	15 A/N	DN0044	15 A/N	698-712
29 IA	Employee Middle Name	15 A/N	DN0045	1 A/N	713-713
30 M	Employee Last Name	40 A/N	DN0043	30 A/N	668-697
31 NA	Employee Last Name Suffix	4 A/N			
32 M	Employee ID Number	15 A/N	DN0042	9 A/N	659-667
33 NA	Type Employee ID Number	1 A/N			
34 M	Employee Mailing Address 1	40 A/N	DN0046	30 A/N	714-743
35 IA	Employee Mailing Address 2	40 A/N	DN0047	30 A/N	744-773
36 M	Employee Mailing City	15 A/N	DN0048	15 A/N	774-788
37 M	Employee Mailing State	2 A/N	DN0049	2 A/N	789-790
38 M	Employee Mailing Zip	50 A/N	DN0050	9 A/N	791-799
39 IA	Employee Telephone Number	15 A/N	DN0051	10 A/N	800-809
40 M	Employee Gender	1 A/N	DN0053	1 A/N	818-818
41 IA	Employee Date of Birth	8 N	DN0052	8 N	810-817
42 IA	Employee Nbr of Dependents	2 N	DN0055	2 N	820-821
43 M	Employee Marital Status	1 A/N	DN0054	1 A/N	819-819
44 IA	Employee Date Hired	8 N	DN0061	8 A/N	874-881

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FLD	FIELD DESCRIPTIONS	LGTH	148-DN	148-LEN	148-POS
45 IA	Employee Occupation Descrip.	50 A/N	DN0060	30 A/N	844-873
46 IA	Employee Nr Days Wrk PerWk	1 A/N	DN0064	1 A/N	895-895
47 EC	Wages	11 N	DN0062	11 N	882-892
48 EC	Wage Period	2 A/N	DN0063	2 A/N	893-894
49 M	Rec'd Full Pay For Injury Day	1 A/N	DN0066	1 A/N	904-904
50 M	Did Salary Continue	1 A/N	DN0067	1 A/N	905-905
51 M	Date of Injury	8 N	DN0031	8 N	463-470
52 NA	Time of Injury	4 N	DN0032	4 N	471-474
53 NA	Time Employee Began Work	4 N	n/a	n/a	n/a
54 M	Date Disability Began	8 A/N	DN0056	8 A/N	822-829
55 IA	Date of Death	8 N	DN0057	8 N	830-837
56 NA	Accident Site Address	40 A/N			
57 NA	Accident Site City	15 A/N			
58 NA	Accident Site State	2 A/N			
59 M	Accident Site Zip	9 A/N	DN0033	9 A/N	475-483
60 NA	Accident Site County	20 A/N			
61 M	Injury on Employer's Premises	1 A/N	DN0034	1 A/N	484-484
62 M	Date Employer Notified	8 N	DN0040	8 N	643-650
63 M	Accident Description	500A/N	DN0038	150 A/N	491-640
64 M	Nature of Injury Code	2 A/N	DN0035	2 A/N	485-486
65 M	Part of Body Code	2 A/N	DN0036	2 A/N	487-488
66 M	Cause of Injury Code	2 A/N	DN0037	2 A/N	489-490
67 NA	Initial Treatment	2 A/N	n/a	n/a	n/a
68 NA	Name of Treatment Facility	40 A/N	n/a	n/a	n/a
69 NA	Treatment Facility Address	40 A/N	n/a	n/a	n/a
70 NA	Treatment Facility City	15 A/N	n/a	n/a	n/a
71 NA	Treatment Facility State	2 A/N	n/a	n/a	n/a
72 NA	Treatment Facility Zip	9 A/N	n/a	n/a	n/a
73 NA	Physician/Health Care Name	40 A/N	n/a	n/a	n/a
74 NA	Has Injured Returned to Work	1 A/N	n/a	n/a	n/a
75 IA	Returned to Work Date	8 A/N	DN0068	8 A/N	906-913
76 NA	Returned to Work Time	4 A/N	n/a	n/a	n/a
77 NA	Date Prepared	8 A/N	n/a	n/a	n/a
78 NA	Preparer's First Name	15 A/N	n/a	n/a	n/a
79 NA	Preparer's Last Name	40 A/N	n/a	n/a	n/a
80 NA	Preparer's Title	40 A/N	n/a	n/a	n/a
81 NA	Preparer's Telephone Number	15 A/N	n/a	n/a	n/a